| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001                 |  |   |                                  |                               |                              |                                       |         |                   | Application or Docket Number |         |                               |                        |  |
|---|--|---|----------------------------------|-------------------------------|------------------------------|---------------------------------------|---------|-------------------|------------------------------|---------|-------------------------------|------------------------|--|
| U-26-01 CLAIMS AS FILED - PART I (Column 1) (Column 2)                                |  |   |                                  |                               |                              |                                       |         | SMALL ENTITY TYPE |                              |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 3                                |                               |                              |                                       | Γ       | RATE              | FEE                          |         | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED                     |                               | NUMBER EXTRA                 |                                       | 8       | BASIC FEE         | 370.00                       | OR      | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3 minus 20=                      |                               | . 0                          |                                       | Γ       | X\$ 9=            | · /                          | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =                      |                               | · D                          |                                       | Ī       | X42=              |                              | OR      | X84=                          |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                           |                               |                              |                                       |         | +140=             |                              | OR      | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                  |                               |                              | otumn 2                               | L       | TOTAL             |                              | OR      | TOTAL                         | 740                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                  |                               |                              |                                       |         | , o inc           |                              | , 0     | OTHER                         |                        |  |
| 2   | 3-14-05 (Column 1) (1) (Column 2) (Col         |   |                                  |                               |                              |                                       |         | SMALL             | ENTITY                       | OR      | SMALL                         | YTITM                  |  |
| AMENDMENTA  | :  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA                      |         | RATE              | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | • 3                                       | Minus                            | # (a                          | QO.                          | •0                                    | Г       | X\$ 9=(           |                              | OR      | X\$18=                        | No                     |  |
|   | Independent                                    | • 3                                       | Minus                            | (                             | 3                            | ච                                     |         | X42=              | 5                            | OR      | X84=                          | FEE                    |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                              |                                       | 1       | +140=             |                              | OR      | +280=                         | DUE                    |  |
|   |  |   |                                  |                               |                              |                                       |         | TOTAL             | $\rightarrow$                |         | TOTAL                         | -0                     |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                               |                              |                                       |         | DOIT. FEE         |                              |         | ADUIT. FEE                    |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVI          | IEST<br>IBER                 | PRESENT<br>EXTRA                      |         | RATE              | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                            | **                            |                              | -                                     |         | X\$ 9=            |                              | OR      | X\$18=                        |                        |  |
|   | Independent                                    | •   | Minus                            | ***                           |                              | =                                     | I       | X42=              |                              | OR      | X84=                          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                              |                                       | 1       | +140=             |                              | OR      | +280=                         |                        |  |
| TOTAL<br>ADDIT. FEE   |  |   |                                  |                               |                              |                                       |         |                   |                              | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                               |                              |                                       |         |                   |                              |         |                               | •                      |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      |         | RATE              | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                            | *                             |                              | -                                     | IJΓ     | X\$ 9=            |                              | OR      | X\$18=                        |                        |  |
|   | Independent                                    | •   | Minus                            | 440                           |                              | =                                     |         | X42=              |                              | OR      | X84=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                              |                                       |         |                   |                              |         |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                  |                               |                              |                                       |         |                   |                              | OR      | +280=<br>TOTAL                |                        |  |
| •   | If the "Highest Nu<br>If the "Highest Nu       | mber Previously P                         | aid For IN THI<br>aid For IN THI | S SPACE                       | is less that<br>is less that | un 20, enter "20.<br>un 3, enter "3." | ~       | DOIT. FEE         |                              | OR      | ADDIT. FEE                    |                        |  |
|   | The "Highest Nun                               | nber Previously Pa                        | id For (Total o                  | r Independ                    | tent) is the                 | e highest numbe                       | er four | nd in the app     | propriate bo                 | t pu co | iumn 1.                       |                        |  |